

*Curwen (John)*

REPORT

ON THE

CARE OF THE INSANE.

BY

JOHN CURWEN, M.D.,

OF HARRISBURG.

---

EXTRACTED FROM THE

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

---



PHILADELPHIA:

COLLINS, PRINTER, 705 JAYNE STREET.

1878.



REPORT

ON THE

CARE OF THE INSANE.

BY

JOHN CURWEN, M.D.,

OF HARRISBURG.

---

EXTRACTED FROM THE

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

---



PHILADELPHIA:

COLLINS, PRINTER, 705 JAYNE STREET.

1878.





## REPORT ON THE CARE OF THE INSANE.

---

THE interest awakened in the care of the insane, and the attention given to that subject within the last few years by all classes of the community, has led many persons to express their views on the care and treatment of this class, whose ideas are of the most superficial character and whose knowledge is confined to the reading of a few books and the examination of a limited number of cases. These views, being founded on what they suppose to be the condition of the insane, and from their reasonings on these suppositions, are necessarily, from their very limited knowledge, of the very crudest character; and the eagerness and pertinacity with which they are advocated are graduated only by their self-esteem, their ignorance of the true character, habits, and modes of thought and action of the insane, their lack of acquaintance with what has been done and is still doing for this class, and their desire for distinction or to make out a case on a partial statement of facts.

Much has been thus written which would never have seen the light had the writers fully informed themselves of all the facts of the case, or have taken the time and labor to have examined what has been written by those who were thoroughly acquainted with the whole matter from long residence among and great familiarity with the insane of all classes and conditions.

But starting with the assumption that the more carefully a man has investigated and studied any subject the less qualified is he to express a reliable opinion on that subject, they have verified the old adage that a little knowledge is a dangerous thing, and, in their zeal to give practical effect to their teachings, have promulgated ideas and urged the adoption of plans which were discovered on trial more than a quarter of a century since to be impracticable, or being good in theory are vicious or injurious in practice. In order, therefore, to show that the doctrines of these self-constituted teachers are of a character to involve the treatment of the insane in a state

calculated to do them injury, and to bring upon the public authorities greater troubles and expenses than those which these gentlemen are so very anxious to avoid, it is proposed to state, in the plainest and briefest manner compatible with a clear understanding of the principles involved, what has been clearly and definitely settled by the long experience and careful, cautious observation of those who, having devoted their lives to the care of the insane, have neither friends to reward nor enemies to punish, but seek only the truth for the truth's sake, and because they believe it wrong that the public should be called upon to spend money for that which will only prove to be a delusion and a snare.

The Association of Medical Superintendents of American Institutions for the Insane, organized in 1844, has at different periods adopted a series of propositions relating to the care of the insane, derived from the long experience and mature observation of its members; and these propositions have received the approval of those who have been engaged in the same course of duties in Great Britain, and, to use the words of an English superintendent, they have done much to shape the course of action of medical men connected with the specialty in that country. They have also been translated into French by one of the ablest alienists of France, and published in several of their journals.

To certain of these propositions, with explanatory remarks, it is proposed at this time to call attention, as giving the ablest and best digested opinions on the proper care of the insane.

"Every State should make ample and suitable provision for all its insane."

"Insane persons considered incurable and those supposed curable should not be provided for in separate establishments."

"The large States should be divided into geographical districts of such size that a hospital situated at or near the centre of the district will be practically accessible to all the people living within its boundaries, and available for their benefit in cases of mental disorder."

In the first series of propositions on the construction of hospitals for the insane, adopted by the Association in 1857, the number to be accommodated in any one hospital is thus expressed: "The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum."

Such continued to be the uniform practice and opinion of the members until, in 1866, this proposition was brought forward:—

"The enlargement of a city, county, or State institution for the



insane, which in the extent and character of the district in which it is situated is conveniently accessible to all the people of such district, may be properly carried, as required, to the extent of accommodating six hundred patients, embracing the usual proportion of curable and incurable insane in a particular community."

After a long and earnest discussion this was adopted by a simple majority of one in a meeting just previous to adjournment, when most of the members had left, and the main reason urged for its adoption was that Legislatures and others who were called upon to vote the money for such institutions could not be brought to see the necessity of small hospitals, but insisted that it was more economical to build large institutions, so as to accommodate many more under the same management. Now the cry of the same persons is, you are building the hospitals too large, and smaller should be substituted, and more of them.

Any one familiar with the routine of a hospital knows that the most troublesome part of the management is the police of such an institution, or the proper control and direction of the large number of persons who must necessarily be employed in the various duties connected with the care and treatment of the patients; and that it is absolutely necessary that the whole control of the establishment should be placed in one head, who can direct and arrange all to the best advantage.

"The physician should be the superintendent and chief executive officer of the establishment; he should have the entire control of the medical, moral, and dietetic treatment of the patients, the unre-served power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the institution."

There are those who think that the physician should be limited only to the medical duties; but, besides the constant conflict of opinion and authority likely to arise from having the power of the appointment of attendants and others in the hands of another officer, and which has always been found to act detrimentally to the best interests of the patients and of all concerned, it must be considered that a diversity of mental occupation is as necessary to the mental integrity of the physician as to that of any of his patients; and if a man is confined to one thing constantly, he is apt to become a creature of routine, and will too often settle down into a dull lethargic condition, or take up some other subject to give him the required diversion. No physician need be told that the constant attrition experienced by a variety of occupation and association

with others tends to make a man many-sided and better fitted for the discharge of the special duties assigned him.

It is also said that the attention to the duties, not strictly medical, causes the physician to neglect the medical care and treatment of his patients, and obliges him to transfer that to his subordinates. That is not a necessary consequence for this simple reason, that every medical man who has the interests of his profession and the welfare of his patients at heart will make the medical treatment his first care, and all other matters secondary; and, because it is not always so done, may be traced to causes which do not affect the argument, nor do they really invalidate the distinction.

A physician's first duty is to his patients, and, in the treatment of the insane, some may consider that they are really fulfilling a part of that duty, as in fact they really are, when they are engaged in a variety of work which has special reference to their hygienic treatment, or in making such arrangements in the different parts of the institution as will tend to their greater comfort and convenience. All these things belong to the treatment, and, because a man gives greater attention to one part of his duties than to another, it does not necessarily follow that he is neglecting his patients, for it must be acknowledged by all that whatever will tend in the structural arrangements of the hospital to give greater cheerfulness and home-like comfort, and add to the agreeable appearance of all the surroundings, will aid in the diversion from morbid fancies to healthful thought; and, in the great majority of cases, it is this and other forms of moral treatment which are most imperatively demanded.

The peculiar character of their disease renders it necessary that the insane should be confined in hospitals specially adapted to their care and treatment, and from the character of the arrangements required and the necessity of special care and management, the provision for their erection and maintenance for the great majority of the class can only be made by the State, or by large municipal or other public authorities, and no discrimination should be made between one class and another.

It has been very well said that the insane are the wards of the State, and, that being admitted, it follows as a necessary consequence that every arrangement should be made in hospitals for the early and careful treatment of the recent cases, and the proper custody and comfort of those who have passed into the chronic state and require that kind of attention which will make their lives cheerful and pleasant, while, at the same time, they are preserved from the annoyances to which they would be subjected from being



in the community at large, and the community protected from any injury or danger to which its members might be exposed from the peculiar delusions which the insane so often entertain.

Many Utopian theories have been advanced in regard to the care of the insane by those whose philanthropic impulses outrun their knowledge of the subject, and it has been supposed that the influence of the chronic insane is decidedly injurious to the acute cases. That idea proceeds on the supposition that the insane feel and reason in the same manner as the sane, and, except in very exceptional cases, that idea is not found to exist, though certain of the insane will often use it as an argument with their friends, when they wish to work on their feelings, to induce them to remove them from the hospital, but in their daily intercourse with those in the hospital they do not think of it or act upon it. That the insane have very strong likes and dislikes and their prejudices are often very great, and that the society of some persons must be as uncongenial as that of others may be attractive and desired, must be readily admitted, but in every well-regulated hospital where the patients are properly classified, such a condition can very rarely be found, and, if found, can be most generally easily remedied, except where the wards of a hospital are much overcrowded, and this overcrowding is "an evil of great magnitude, productive of extraordinary dangers, subversive of the good order, perfect discipline, and greatest usefulness of these institutions and of the best interests of the insane." It has been found by very extensive experience that the presence of a certain class of the chronic insane, who are comfortable in a hospital and very uncomfortable out of it, who are happy and contented, exerts a very good influence on the recent cases by their kind and friendly manner, and while the new-comer may feel a certain degree of distrust towards the officers and attendants, the kind words of the other, with the assurance that they have been through the same trouble and can cordially sympathize with the feelings they experience, has a soothing influence and often a very salutary effect. That these may be exceptions to the rule, only tends to prove that human foresight and effort cannot provide for every contingency which may arise.

But there are very good and sufficient reasons why the two classes should be combined in the same institution, and chief among these may be stated the greater economy thus effected. The acute cases are twice as expensive as the chronic to take care of, from the greater attention and attendance required, their greater destructiveness, and the necessity of greater vigilance to prevent the injury to themselves, to others, and to the furniture and fixtures of the hos-

pital; whereas, by the mingling of the two classes, many of the chronic insane in each ward will assist in the prevention of much of the trouble, will watch over and protect from injury to furniture and fixtures, and do much of the work of the ward, so as to give the attendants better opportunity and more time to engage the attention of the restless and excited, and keep them exercised and occupied in some way which will have a more beneficial effect on the treatment. In a hospital entirely of recent cases, the number of attendants must be very nearly equal to that of the patients, while, where the two classes are combined, it need not, as a rule, be greater than one attendant to ten patients, and the ratio of expense in the two institutions might be stated to be very nearly as five to one; and where the complaint is constant of the expense incurred in the maintenance of the insane, such a difference must certainly be taken into the account, and every effort compatible with comfort and welfare of the inmates be made to keep those expenses to the most reasonable figure.

A great deal has latterly been written about the expensive manner in which hospitals for the insane have been constructed, and many persons, whose position should have led them to examine the matter more closely and more carefully, have taken up the cry and have used it to advance some pet project of their own, and the blame of the expense has been charged to those who are superintendents of hospitals for the insane. The charge is both untrue and unjust, for the Association has definitely expressed its disapproval in the following terms: "That these institutions, especially if provided at the public cost, should always be of a plain but substantial character; and, while characterized by good taste, and furnished with everything essential to the health and comfort and successful treatment of the patients, all extravagant embellishments and every unnecessary expenditure should be carefully avoided."

If any superintendent has given countenance to the erection of an extravagant hospital, he has acted in contravention of the above resolution, by which he should have been guided. But the truth really is, that in nearly every case where such extravagant institutions have been built, it has been done by architects anxious to make a showy building, and by boards of commissioners who were not familiar with the details of hospital construction, and wish, in conjunction with the citizens of the locality, to have a building which will be a great ornament to their neighborhood.

It must be distinctly borne in mind that a hospital for the insane is, in its character and structure, from the very nature of the dis-



order with which those who are to occupy it are afflicted, different in all its details and arrangements from an ordinary hospital, and must, from the necessity of the case, be more expensive in its construction. It must be strongly and carefully built, it must have such arrangements as to prevent the constant efforts to escape, and certain wards must be so carefully constructed as to prevent the injury, as far as possible, which a certain class of patients are constantly inclined to do; it must be thoroughly warmed and ventilated, and provided with all those interior conveniences and appliances which the science and philanthropy of the age demand in such buildings, and these cannot be attained and maintained except by the expenditure of an amount of money which, to those who have not given careful attention to the subject, seems out of proportion to the necessities of the case. It may be safely asserted that the attempt to construct cheap hospitals will be a disastrous failure, expensive at the commencement, expensive in the amount of repairs yearly required, and a source of constant vexation and annoyance to all who have charge of them.

When a man builds a house he does not calculate that he will build so that it must be torn down in a few years, but he so constructs it that it will be sufficient for him and those who may come after him; and so when a State or private corporation build a hospital for the insane, they have no money to waste on a building which will be so flimsily constructed that it must be taken down in a few years, but they seek a plan approved by the universal experience of those best calculated to judge, and they build with a view to permanency and security, not only from fire, but from the mischievous and destructive propensities of many of those for whom it is designed. That there is an urgent demand for more hospital accommodations cannot be denied, and that fact has been dinned into the ears of unwilling legislatures and a public reluctant to believe it for years, and now when the matter is so demonstrated that it cannot be denied, it is said by those who ought to know better, and would if they would only take the trouble carefully to inform themselves, that the State cannot afford to build substantial hospitals to which they can point with pride and pleasure, but must construct cheap institutions.

It is never economical to do wrong, and the truth is forcibly expressed in these propositions:—

“That it is the duty of the community to provide and suitably care for all classes of the insane, and that in order to secure their greatest good and highest welfare, it is indispensable that institutions for their exclusive care and treatment, having a resident



medical superintendent, should be provided, and that it is improper, except from extreme necessity, as a temporary arrangement, to confine insane persons in county poorhouses, or other institutions, with those afflicted with or treated for other diseases, or confined for misdemeanors. That a very large majority of those suffering from mental disease can nowhere else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patient and the community, as in well-arranged hospitals, specially provided for the treatment of the insane."

"That no expense that is required to provide just as many of these hospitals, as may be necessary to give the most enlightened care to all their insane, can properly be regarded as either unwise, inexpedient, or beyond the means of any one of the United States or British Provinces."

But it is asserted that the proper treatment of the insane cannot be carried out in hospitals where several hundred are congregated in one large building. Who ever tried the plan for a series of years and pronounced it defective? Does not the objection come only from those who have no practical experience of the subject whatever, but have tried hard to reason themselves into the belief that a different plan is better, of having buildings scattered over a large extent of ground, and separated from one another? And wherein in actual fact and practice does the congregation of a large number of insane in buildings nearly adjacent differ from their aggregation in one large building, except in the fact that the careful supervision required is vastly more difficult, the labor of the officers and attendants is greatly increased, the expense of heating as they should be heated and ventilating them thoroughly is trebled, and all the cost of maintenance in every way is increased.

Except as an experiment, and only as such, such buildings are nowhere to be found in this country or in Europe, and any assertion to the contrary cannot be proved.

More than thirty years ago the experiment was tried at the Pennsylvania Hospital for the Insane of a cottage contiguous to the main structure, under circumstances which seemed to promise success, and with the hope that others could be built afterwards. But the second was never built, and that which was built has long ceased to be used for its original purpose, and the reason assigned will be found to be correct in all cases; it was neither satisfactory to those placed in it, nor to those who erected it, from the fact of their isolation and difficulty of proper supervision.

In one other place where several cottages were tried, and the

greater liberty plan advocated, the plan had to be abandoned, from the fact that the liberty and license were both too great to be relished and endured by the neighbors.

We hear a great deal of greater liberty and freedom from restraint and their very beneficial effects, but the injuries from such practices and their bad effects are carefully kept in the background.

It may be old-fashioned and too conservative to say, but it yet remains to be demonstrated clearly and conclusively, that it is not far better for the insane themselves in every point of view, and infinitely to the advantage of the community at large to insist on the fact that irresponsible people should be treated as such, and not given a degree of liberty which may be dangerous to themselves and to the members of the community.

It never advances the cause of truth and justice to reason from exceptional cases for the establishment of general rules and principles, but such seems to be the manner of those who insist that because a few cases have been trusted with a certain degree of liberty, under given conditions, therefore all may be.

Men do not thus act and reason in the ordinary affairs of life, and we fear there is a taint of irrationality in all such processes of reasoning. Those who have given very little thought to the subject are greatly astonished when they are brought to the knowledge of the large number of the insane scattered throughout the community, but a little consideration will soon show that in all old communities, or where the population is dense, the causes productive of insanity, or of other diseases, will be more active. It is very difficult to arrive at positive knowledge of the exact number of the insane in any given community, from the extreme reluctance of parties to admit that insanity exists in their families, and from the careless manner in which such enumerations are usually taken.

In Massachusetts, in 1854, a commissioner was appointed to ascertain the exact number of insane and idiots. That commissioner, under the direction and guidance of its active member, Dr. Edward Jarvis, made a most thorough investigation, conducted in the most careful, painstaking manner, and their report shows that the proportion of the insane to the community at that time was one in four hundred and twenty-five; and the proportion has not diminished since, but as the population has much increased by immigration, the number has increased in proportion; and this will be found to be the rule, though many persons seem to think that the increase is greater than that of the population, while careful investigation in well-established communities does not justify the conclusions they draw. In France and England this matter has

received careful attention, and the most rigid examination has shown that the increase is apparent, not real.

Take the investigations in Ireland, where the Inspectors of Asylums report 12,200 in the asylums, and 6200 which they are assured by the constabulary force are known to them to be scattered in different families in the community, and it will be seen that there is a very large proportion for a population of about four millions of people. But look at the matter in another way. Let any medical man carefully consider and calculate the number of the insane comprised in a circle whose radius shall be five miles from his office, and he will be much surprised at the number he feels sure from his own knowledge are really insane, and then let all the medical men in the State give the result of investigations made in the same way, and the result will be such as will astonish those who think that the demand for more hospitals for the insane is greater than the necessities of the case demand.

A member of the Legislature of Pennsylvania told me that in canvassing his county during an election campaign, he was perfectly astounded to learn the number of insane kept in the families, which, in about one-half of the county, and that not thickly settled, amounted to twenty-five.

And yet with all these facts and others of a similar character before them to justify the conclusions they draw, the physicians of hospitals are told that they color the picture too highly and make the insane occupy too prominent a place in their efforts to obtain the needed accommodation for them. No man who reads the newspapers can fail to have been struck with the fact that in every week he will find reported quite a number of murders or suicides committed by the insane, not to take into account the damage to property. The plain simple truth is that the community has never, until very recently, given any serious consideration to the number and the claims of the insane, and when the subject is fairly presented its magnitude strikes them so forcibly that they are inclined to insist that there must be some mistake in the figures, whereas the real difficulty is their unwillingness to consider the other column of figures which brings before them the amount of money necessary to make the proper provision for this very neglected and afflicted class; and many raise the cry you are building palaces for paupers because it is insisted that the hospitals shall be comfortable, well constructed, furnished with all the requisite conveniences, and have a decent exterior appearance. Twenty years ago the cry was, you build all your hospitals like factories; and because the place is so arranged as to give the greatest cheerfulness and abund-



ance of light to all parts by breaking up the continuity of structure and giving a bright and pleasant outlook in every direction, with neat and well-furnished apartments, and everything to divert the mind and attract the attention and make things appear home-like and cheery, they are styled palaces.

The cry is both senseless and frivolous, and is raised simply to cover a refusal to appropriate the means necessary for the construction of buildings which shall be neat, comfortable, tastefully arranged, and in every way adapted for the protection and care of those who are to occupy them.

Have those who make such objections ever really considered how few of the strictly pauper class are to be found in the hospitals for the insane, but by far the larger part are of the class who belong to the bone and sinew of the land, the men who cultivate the soil, pay the taxes, and give prosperity to the State, and those of every trade, occupation, and profession, who have done their best to assist in the maintenance of the wealth and advancement of the State, and who, with their wives and children, when misfortune or disease overtakes them, must be told, you do not need as good accommodations as when you were well and in your own home, and must put up with less room and inferior treatment.

It is neither humane, philanthropic, nor Christian to say that a man forfeits his right to the best the State can provide for him when he becomes insane, particularly when no man nor any class of men can calculate on continued health and success for themselves or their families, when the man of good health and great powers of mind to-day may in a few months need the care and protection of some hospital for the insane, and when the man of ample means may in a few months have lost everything, and should disease overtake him be compelled to depend on his friends or the community for support and maintenance in his affliction. Such things have been, such things are daily occurring around us, and such things will be in the future, and no man can claim exemption from them; and, therefore, it behooves us to see that such provisions are made for the insane that none of us need hesitate, should occasion demand, to avail ourselves of them.

The whole amount appropriated in the State of New York in the last forty years for the erection and maintenance of the hospitals for the insane was \$6,003,911 53, which is \$2,272,703 83 less than the amount already expended in the partial erection of the new Capitol at Albany, and yet these charitable institutions safely and comfortably house and protect more than 2200 insane people, with the necessary attendants, workmen, and officers.

If the entire amount appropriated to this time for the above purpose were raised in one year upon the present assessed valuation of the State, it would require a tax of less than two and one-quarter mills on the dollar.—*Report of Trustees of Willard Asylum for 1877.*

Time will not permit to go at greater length into various matters directly connected with the care of the insane, but two points have been written about so much that it seems necessary to say a few words on both. These are the occupation of the insane, and the use of restraint, and as some who assume to themselves the office of teachers, without any practical experience on either point, have presumed to dictate to the superintendents of hospitals what they should do, and institute very unfavorable comparisons against those in this country whose experience does not lead them to the same conclusion these gentlemen have drawn, a plain statement of some important facts may be of importance at this time.

Admitting all that any one can claim as to the practical benefit of occupation of some kind for the promotion of mental and physical health, and no class of men are more earnest in their advocacy of constant regular occupation of some character as a means of mental diversion in the insane, and as the proper healthy condition of the sane, than the medical superintendents of hospitals for the insane, there are certain practical difficulties in the carrying out of any scheme of the kind to a successful issue in the case of the insane, which interfere very seriously with the regular systematic execution of any plan which may be laid down. Those who have visited British institutions tell us of the large number of persons they find employed, and those who are in the habit of reading the annual reports find detailed there the experiences and the number employed in each institution.

But one or two points are not so clearly brought to view as could be desired.

The class distinctions of Europe do not exist in this country, nor does the servility and deference to the orders of those of a higher class find place among us. A man in Europe directed to do a certain thing does not incline to call in question or hesitate to obey the order given, but from the habit of his life does as he is told. Every one who has been much among the insane in this country knows that such a condition of things does not exist here, and when a man is asked civilly to go out to do some work, the answer very often given is "I will not," or, "I pay my board, and do not intend to work unless I am paid for it."

So striking is this in many cases that it has been spoken of by

British superintendents who have had under their care those who have been in this country and returned to the old country and there become insane.

In the county institutions in England the large majority of the patients belong to the laboring class, and a very few of the middling class obtain admission into them, while in the corresponding institutions in this country, our State Hospitals, all classes of the community resident in the country are represented.

Then as a general rule it has been the custom, in England more particularly, to give an additional allowance of beer to those who would work, or some additional article of food, and every one knows what effect such an inducement will have on those who have a fondness for that beverage or such extra food; but it is a question whether the amount of work done pays for the additional expense thus incurred, and whether the additional allowance is of any benefit to the patient. The same end can be reached in this country by giving a certain allowance of tobacco, and men will work for a short time tolerably well, but soon it becomes tiresome, and they sit down or lie about and enjoy the joke of trying to get regular work out of them by hiring them with tobacco.

It must, however, be borne in mind that the insane all labor under a degree of nervous disorder which incapacitates the majority from regular steady work such as some think they can perform, and while there is a certain proportion, small it must be admitted, who can work very regularly, yet those who will take the trouble carefully to observe them will find that the manner in which they do their work is very different from the way they did in health; there is a hesitation, a deliberation and a want of steadiness in what they do which very much interferes with progress, and this arises from the confusion of mind and irregular action of the nervous system. "The amount and variety of labor performed by patients in an asylum will depend very much upon their physical and mental condition. Useful occupation is not the rule with the insane, and in the majority of cases is the result of special effort and training. A large number of epileptics, paralytics, and patients in various stages of dementia, forbid the expectation that they will ever render service of any value to the asylum or themselves. They are feeble and helpless, physically and mentally, requiring the directing agency of others." (Dr. J. B. Chapin.)

It may be stated, without hesitation or fear of successful contradiction, that, in all American institutions, the effort is continually made by the officers to engage as many in some useful occupation



as possible, principally with a view to healthful exercise and diversion of mind, and secondarily as a benefit to the institution.

"The value of the labor of patients to the asylum is considerable in actual results, and by so much reduces the cost of maintenance. The indirect results of labor to patients themselves, as a means of discipline and control, in inducing a return to normal conditions of living, as well as the influence of regular occupation upon others in the way of example, are decided and beneficial. Any one who has casually observed the composition of some of our towns might conclude that the industrious element was not in the majority. Certain it is all do not labor. We have sometimes inferred that our community of insane persons would present, on examination and comparison, a proportion of industrious members quite as large." (Dr. Jno. B. Chapin.)

Difficulties not readily overcome are in the way. Very little can be done in mechanical trades in institutions in this country because these require a long course of training, and when those who pay the expenses of the patients find they can be made, or rather have been trained to be, useful to a certain extent, they are very apt to remove them in the hope of rendering that labor useful to themselves; while in Europe no such trouble is experienced, and a person can be trained in any trade with the reasonable expectation that they will remain to prosecute it under the care of those by whom they have been trained.

In this country the labor which has been found most beneficial in every point of view is work in the garden or on the farm, and too often the amount of land attached to an institution is too small to give that degree and variety of labor which a large number of the patients may require.

Then there must be an additional number of men employed to look after the work to see that the patients attend to what is expected of them and to prevent trouble and difficulty of various kinds, and this involves an amount of expense which gives rise to a very annoying kind of criticism. The most difficult season of the year to engage the inmates of a hospital in any occupation is from the end of November to April, when very little opportunity offers for any outdoor work; but the same trouble will also be found in a large number of difficult trades when those engaged in them find it extremely difficult to keep themselves occupied as they would desire. The effort to make the labor of the insane remunerative has been and will be a failure, except in so far as the assistance which they may give for a few hours each day may enable those having the direction to dispense with a number of hired hands, and

even then it is very questionable if any economy will be exercised by depending on help which is inefficient and unreliable. The experiment was fairly tried some years since in one of our American institutions, and a careful account kept of the amount of work done, the expense of attendants, and material used, and, at the end of the year when the two sides of the account were balanced, the judgment was that the waste of material in the effort to obtain good results, and the expense of attendance requisite to secure the desired objects, were greater than the benefit to the institution obtained by the work, either pecuniarily or as a means of treatment.

The conclusion of the whole matter may be briefly summed up in this, that, while admitting the great benefit of occupation, and using every effort to induce the insane to engage in it, the practical solution of the difficulties incident to the work must be left to the best judgment of those to whose immediate care the insane are committed, who must be admitted to have a greater interest in the decision than those who look on at a safe distance; describing in glowing terms what should be, but never giving any assistance or counsel in regard to the best means of overcoming the difficulties which beset the subject. The truth is very plainly and forcibly expressed in the following words of the most distinguished alienist of Great Britain, Dr. W. A. T. Browne, when speaking of the remarks of a gentleman who has made himself conspicuous by his laudation of English and detraction of American institutions:—

“He produces rather a sensational effect by placing the 68 per cent. of patients employed of the 9786 seen in contradistinction to the happy idleness which he attributes to the inmates of similar hospitals in his native country; by encomiumizing the tranquillity, docility, and contentment of the inmates, the beauty and ornamentation of their abodes, and the non-existence of physical appliances. Yet one American superintendent values the remedial effects of labor so highly as to propose that it should be made compulsory on patients. The doctor's facts are of course inexpugnable, but his impressions are derived from a few selected celebrated establishments, and are contemplated through an atmosphere so *couleur de rose* that an Englishman standing by his side, but embracing the whole field of vision, would scarcely recognize the picture, and might be inclined to look forward to such haven of rest as a premium upon folly and a solution for all the ills that life is heir to.”

The subject of restraint, or, as a medical friend has very aptly expressed it, mechanical protection for the violent insane, is too extensive to be considered at the end of a report like this, and therefore a few extracts only will be given embracing the main

points of the discussion. The first is from a paper of your reporter, written two years ago, and cordially endorsed by the distinguished British alienist, Dr. Browne:—

“It is proper to state, as a fact, which can be verified by the most extended observation and examination of the different hospitals for the insane in this country, that, as a rule, restraint of any kind is rarely used, and that, when in exceptional cases its use is found necessary, it is of the lightest and easiest form which will answer the purpose, and that purpose may be definitely stated to be the confinement of the hands so as to prevent removal of clothing, destruction of clothing or furniture, or injury to themselves or other patients. There are also occasional cases where it is necessary to prevent exhaustion and save life, to confine the patient to the bed in a horizontal position. All these appliances, and the word all includes the three or four kinds of apparatus employed, are used to overcome certain abnormal conditions which arise in the course of disease, and are resorted to simply because they are the safest and best, and cause least irritation to the patient, on the same principle that a physician resorts to the use of certain drugs for the relief and cure of diseases which can be removed in no other way. It is sometimes said that patients feel degraded by the use of such apparatus of restraint, but such a feeling does not find expression in such sentiments as this: ‘I thank you for restraining me in the manner and at the time you did, for I believe I would have died if you had not.’ Experience and knowledge of the habits and feelings of those with whom they are daily brought in contact, have led the physicians of the hospitals for the insane in this country to prefer the use of such forms of mechanical restraint to the manual force of four or six persons; for in this latter case there is always sure to be a struggle, and neither the patience of Job, nor the meekness of Moses, nor the love of John are inherent qualities in those who must perform such offices, nor, it must be frankly stated if a judgment can be formed from the tone of their writings, in those who so urgently demand the abolition of all mechanical restraint.”

My next extract is from the report of Dr. John B. Chapin, who has charge of a large institution exclusively for the chronic insane, a class which the advocates of non-restraint seem to think free from all necessity for such restrictions. “The examination of our reports of restraint made from day to day, show that it was directed to control destructive, homicidal, and suicidal propensities. Similar conditions of insanity are found in the asylums of other countries, and we do not believe the insane of America differ materially from those of England. Whether it is preferable to place a destructive



patient in seclusion in a room without restraint to be speedily denuded of clothing, until the paroxysm has passed, or to be daily clothed and to remain in restraint in a corridor under constant observation of an attendant; or whether it is preferable in all these cases of propensity to destroy clothing, to commit homicide or suicide, to apply restraint to exceptional cases by hands of attendants than by some mechanical means, are the practical questions which present themselves, and it must be said we are not yet in a condition to solve them as they, in England, have done, however much we might desire such a result. Under our law the charge for maintenance is a uniform one, and clothing and special damages are charged to individuals receiving the clothing, or committing the damage. The latter charges are properly subjects of examination, comment, and explanation. The destructive propensities of patients are not always understood, and can hardly be satisfactorily explained to distant boards of supervision, who are not supposed to have any knowledge of the patient. We knew it would be cheaper to place these destructive patients naked in their rooms without bedding and covering, to nestle in straw, as we have seen such cases cared for. It is a cardinal rule of administration, however, not to permit able-bodied patients to remain in seclusion without being properly clad. In the case of a female patient of destructive propensities, where restraint had been interdicted, the charges made for bedding destroyed in the night brought up the question of ordering all the insane from that county then in the asylum to the county asylum. This is not an isolated instance of the delicate relations that surround this question which we could furnish, which require that we deal with them, as we find them, with reference to the accomplishment of the greatest good."

It is useless to attempt at this time even the merest sketch of the controversy on the subject of medical restraint which, during the last twenty years, has been carried on in England, and transferred to this country by some whose zeal has exceeded their knowledge. A few extracts giving the theory and practice of the advocates of non-restraint must suffice at this time.

"In his treatment of the insane without mechanical restraint, published in 1856, Dr. Conolly professed the extremest jealousy of admitting the slightest occasional appliance of mechanical restraints in any asylum. Once admitted, under whatever pretext, every abuse will follow in time." "No fallacy can be greater," he says, "than that of imagining what is called a moderate use of mechanical restraint to be consistent with a general plan of treatment in all other respects complete, unobjectionable, and humane.

The abolition must be absolute, or it cannot be efficient." "In a well-regulated asylum such modes of restraint are never thought excusable." "There is no asylum in the world in which all mechanical restraints may not be abolished, not only with perfect safety, but with incalculable advantage."

Without entering into the details of the way in which mechanical restraint is used, it would appear that Conolly and Gardiner Hill, or their disciples, in giving up ordinary appliances for the confinement of the hands or legs, or both, use, did use, or approved of the use of, the following substitutes:—

1. Complete confinement, or restraint of the whole body by means of swathing or tight wrapping in a sheet—a process that gives the unfortunate subjected to it the gratification of feeling himself a living mummy for the time being.

2. Drugging or narcotizing—and thereby stupefying into quietude.

3. Seclusion in padded rooms, which permits of nudity and dangerous exposure to cold, as well as exhaustion by excessive and untimely bodily exercise, with other evils arising from a comparatively unrestricted liberty.

4. Manual or personal restraint, mastery by the hands or persons of attendants—a mastery that involves struggles for physical supremacy, which struggles in their turn involve rib-fractures and other accidents major and minor.

In other words, the practice of Conolly and Hill and their school furnishes illustrations not only of manual and medicinal, but also of mechanical restraint itself, and in its most thorough-going form.

Well might an English reviewer ask, in 1869, "Are we, as Englishmen, *honest* in our representations regarding non-restraint, and in contrasting our practice with that of the continent?" And he might have added in the United States.—Dr. W. Lancier Lindsay, in the April number of *Edinburgh Med. Journ.*, 1878.





